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# Suboxone Treatment in Caribou, ME: Evaluating Barriers and Engaging with Mid-Level Providers

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# Suboxone Treatment in Caribou, ME

Evaluating Barriers and Engaging With  
Mid-Level Providers



Michael Ialeggio. University of Vermont Medical School. Nov 2016.

# The Problem

**“Drug overdose deaths in Maine now averaging 1 a Day”**

Portland Press Herald, 11/14/16

“Drug overdose deaths in Maine through the first nine months of 2016 have surpassed the total for all of 2015 as the opioid epidemic continues to worsen.”

There is increasing recognition that Opiate Dependence is a chronic and relapsing condition\*.

This summer, the Comprehensive Addiction and Recovery Act (CARA) was passed in Congress and signed into law

Improving access to Medication Assisted Treatment is a key feature of the law.

# In Caribou...

The Aroostook Mental Health Center (AMHC) Medication Assisted Recovery (MAR) Program was started in partnership with local provider group, “Pines Health Services”, after a town hall meeting in 2004 was attended by over 1000 concerned townspeople.

Initially, 6 providers were trained. At its peak, the AMHC MAR program served 120 patients. The number of providers and the number of patients served has dwindled in the past several years.

Peak	Current
6 providers	2 providers
Open 2 days per week	Open 3.5 days per month
120 patients	54 patients

## Opiates In Aroostook County, ME

According to Data gathered between 2009 and 2011, Aroostook County actually has a slightly lower burden of Opiate use than other areas of Maine.

	Aroostook County	Maine
Opiate Poisoning (ED Visits per 100k)	21.2	25.1
Opiate Poisoning (Hospitalizations per 100k)	10.8	13.2
Opioid Prescriptions (Day supply/Pop)	7.0	6.8

# Community Perspective



“At that time (early in the program), we had more patients because there were a number of providers working together. The ER docs dropped out first, primarily because of scheduling... I find it interesting when I do it a couple times a month. Any more than that I think I would get frustrated.”

Local prescriber

“I have seen people who were total train-wrecks, who now have a job and can buy a house... I understand why (other providers) don’t want to treat. I have a 3000 patient panel and my Suboxone patients give me more trouble than all of the rest combined... (But) it is a community thing, the community’s responsibility.”

Local Prescriber

“I knew it was going to burn me out...We need to bring in some new blood.”

Former Local Prescriber

“We could definitely use an additional 5 or 6 provider hours.”

“I need more providers!”

Staff, AMHC

# Methodology/Project

- Conducted interviews with Current, Past and 'Never' providing doctors to identify motivations and barriers to prescribing Opiate Replacement Therapy
- Researched details of implementation timeline for CARA, and implications for mid-level providers
- Designed and Printed Pamphlets
- Initiated 5 minute 'focused interventions' with local NPs and PAs to talk about challenges and rewards of becoming a provider, CARA legislation and likely timeline for implementation

## Pamphlet

### Next Steps to Become a Suboxone Provider

- CARA passed in July 2016, with an 18 month window for implementation
- Law stipulates 24 hours of initial training\*
- When available, guidelines will be posted at:  
<http://www.samhsa.gov/medication-assisted-treatment>
- Do NOT expect an email: YOU MUST CHECK!

\*Pines is fully supportive and will cover costs\*

### Suboxone Treatment in Caribou, ME:



A Guide for NPs and PAs

### This Summer...

The Comprehensive Addiction and Recovery Act (CARA) was passed in Congress and signed into law.

"The bill expands qualifying practitioners (of buprenorphine) to include licensed nurse practitioners and physician assistants ..."

**I. CARIBOU'S suboxone** program was started in 2004. It was formed as a partnership between AMHC and Pines Health Services. There is also an independent Suboxone provider who began providing in 2007. According to data gathered between 2009 and 2011, Aroostook county appears to have a slightly lower burden of opiate use than other areas of Maine.

Opiates in Aroostook County

	Aroostook County	Maine
Opiate Prescribing (EP Visits per week)	21.2	25.1
Opiate Prescribing (Hospitalizations per week)	10.8	15.3
Opioid Prescriptions (Dose supply/Pop)	7.0	6.8

"We always knew that Suboxone was not a silver bullet. With some clients we are successful and able to help them make that life change, and with some clients we are not."

Peter McCortson, Director AMHC

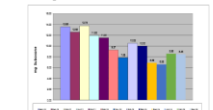
"It's been 10 years, and I've seen the same people coming back.... But I've seen enough people get themselves together. We have had our successes."

Dr. Russell

**II. There is increasing recognition** that Opiate Dependency is a chronic, relapsing condition\*.

\*According to research, a majority of opiate addicts relapse to use of the substance.

Average Suboxone Dose Over Time (AMHC)



Provider and Patient Stats

Peak	Current
6 providers	2 providers
Open 2 days per week	Open 3.5 days per month
120 patients	54 patients

**III. BUT, the number of providers** and thus the number of patients served has dwindled in the past several years.

# Results

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- 'Focused Interventions' with 5 Mid Level Providers
- Additional pamphlets distributed at Van Buren, Caribou, and Presque Isle Offices
- Providers shared following concerns:
  - Unsure about Efficacy of MAR program
  - Difficult Patient Population
  - Training Requirements are 3x higher (24hrs vs 8 hrs)
  - Continuity of Care: pts see different provider each visit (inconsistency/splitting)

# Effectiveness and Limitations

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- Intent of project was to start conversations about difficult subject, increase awareness, and promote interest in becoming a MAR provider among PAs and NPs. No means of evaluation built into project.
- Most providers were aware of new law and had some knowledge of program at AMHC. All were willing to discuss concerns, and hear about experiences of past and current providers.
- There is no set date for when guidelines for mid-level providers will be finalized (stipulated to be within 18 months of July 2016)



# Lessons Learned: Future Interventions & Projects

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- It will be important to follow up as CARA is implemented! (See Pamphlet)
- Work with AMHC to develop more “Outcomes” data
  - Potential providers are looking for evidence of efficacy
- Work to address current and potential provider frustrations
  - More providers, small patient panels?
  - How to address issues of continuity/inconsistency/splitting with multiple part time providers
    - One Provider per Patient model?

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